

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N42672

**Entity Name:** SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.

**FILED  
Sep 25, 2014  
Secretary of State  
CC7925108424**

**Current Principal Place of Business:**

110 N. ORLANDO AVE.  
SUITE 14  
MAITLAND, FL 32751

**Current Mailing Address:**

110 N. ORLANDO AVE.  
SUITE 14  
MAITLAND, FL 32751 US

**FEI Number:** 59-2995812

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VINCE, MARILYN .  
TOP NOTCH REALLY SERVICES  
110 N. ORLANDO AVE. SUITE 14  
MAITLAND, FL 32751 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** MARILYN VINCE

**09/25/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name VELASQUEZ, LUIS  
Address 110 N. ORLANDO AVE.  
SUITE 14  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name ZUBER, DAN  
Address 110 N. ORLANDO AVE.  
SUITE 14  
City-State-Zip: MAITLAND FL 32751

Title VP  
Name VARGAS, BARBARA  
Address 625 WECHSLER CIRCLE  
City-State-Zip: ORLANDO FL 32824

Title MANAGER  
Name VINCE, MARILYN  
Address 110 N. ORLANDO AVE. STE 14  
City-State-Zip: MAITLAND FL 32751

Title TREASURER  
Name SHANNON, KATHLEAN  
Address 110 N. ORLANDO AVE.  
SUITE 14  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name MEINZ, DAVID  
Address 110 N. ORLANDO AVE.  
SUITE 14  
City-State-Zip: MAITLAND FL 32751

Title SECRETARY  
Name TUCKER, SHARON  
Address 110 N. ORLANDO AVE.  
SUITE 14  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name ACOSTA, MIKE  
Address 110 N. ORLANDO AVE.  
SUITE 14  
City-State-Zip: MAITLAND FL 32751

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARILYN VINCE

**MANAGER**

**09/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date